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## ADDITIONAL RECOMMENDATIONS FOR THE CHIA BEHAVIORAL HEALTH TASK FORCE

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SECTION 230 of Chapter 165 of the Acts of 2014 describes the mission of this task force as “to identify existing structural or policy-based impediments to delivering *comprehensive* and cost-effective behavioral and mental health treatment within the commonwealth’s health care system.” That section subsequently states that “the task force shall *also* develop recommendations to reduce the number of long-term patients in department of mental health continuing care facilities acute psychiatric units and emergency departments including but not limited to increasing capacity of specialized crisis stabilization units and requiring the department of mental health implement policies that prioritize the readmission of patients who are discharged from continuing care facilities and subsequently require hospitalization within 30 days of their discharge. “

Recommendations to increase access to public and private sector outpatient behavioral health services are critical to meet the overall mission of this task force *and* the specific mandate to reduce the number of patients in the more restrictive setting defined in the mandate. The Harvard Public School of Health study reported in the Globe several years ago and a consensus amongst consumers and providers leads to the unequivocal conclusion that there is a crises in access to outpatient behavioral health services. This crises is dramatically worse for consumers who rely on MassHealth. Requirements to increase screening for behavioral health problems being promulgated by Medicare, BCBSMA, in the Health Policy Commission’s PCMH Certification Criteria and others is and will increase the demand for outpatient services rapidly and dramatically. The ability to move patients out of more restrictive settings is likely to become increasing difficult without proactive systematic changes the promote access to outpatient services and support outpatient patients willingness and ability to manage difficult patients.

### RECOMMENDATION FOR APPOPRIATE COVERAGE OF SPECIFIC OUTPATIENT MENTAL HEALTH SERVICES FOR HIGH RISK/COMPLEX CONSUMERS

Access to outpatient mental health services for more complex patients is undermined by some payers’ failure to cover more intensive services that more complex patients often require (e.g. psychotherapy requiring more than 52 minutes on a day 90837) as well as by some payer’s failure to compensate providers in a manner the reflects the relative work value for those services that has been defined by CMS (e.g. 90875, 90837, 90839, 90840). In the case of psychotherapy crises codes (CPT 90839/40), that were designed to help manage high risk patients in crises in the outpatient settings, failure to cover these codes appropriately results in outpatient providers referring patients to emergency departments

rather than attempting to assess and treat acutely distressed patients in the outpatient setting. Failing to cover these codes consistent with the CMS relative values also undermines outpatient providers' willingness to take patients who are currently hospitalized or at risk for hospitalization.

Therefore, we recommend the following:

Regulation and/or legislation should be enacted that requires MassHealth, MassHealth behavioral health vendors, and commercial health plans to cover medically necessary behavioral health services for all Current Procedural Terminology (CPT) behavioral health diagnostic, assessment and treatment services in accordance with the most recently adopted Current Procedural Terminology guide of the American Medical Association. Such regulation and/or legislation should require all health payers in the Commonwealth to set fee schedules for reimbursement to providers that reflect the relative values between the services as determined by CMS.

Such a requirement does not require an increase in overall spending.

#### RECOMMENDATION FOR APPROPRIATE ACCESS TO OUTPATIENT MENTAL HEALTH SERVICES BY INDEPENDENTLY LICENSED PROVIDERS BY MASSHEALTH

Access to outpatient mental health services for MassHealth clients is undermined by regulations that prohibit coverage for services by *independently licensed* psychologists and other behavioral health providers by MassHealth and policies that restrict network inclusion for independently licensed behavioral providers. Therefore we make the following recommendation:

The Commonwealth shall remove any regulations that prohibit MassHealth Coverage of outpatient mental health services by any independently licensed behavioral health provider including but not limited to removing 130 CMR 411.406. The Commonwealth should create regulation and/or legislation that requires MassHealth, and MassHealth behavioral health vendors, to contract with any licensed behavioral health provider who is willing to accept terms required for network participation. Such "Any willing provider" legislation/regulation is in effect in other states. Previous bills with this goals such as House Bill 3425 An Act to extend coverage for any willing provider to qualify as a mental health professional filed in the last legislative session have been problematic. We believe that a bill that is written more clearly and is specific to MassHealth would be more viable.

#### RECOMMENDATION TO INCREASE ACCESS TO OUTPATIENT BEHAVIORAL HEALTH SERVICES, DECREASING COSTS, AND IMPROVING OUTCOMES THROUGH EXPANDING ACCESS TO GROUP TREATMENT

There is no area of health care that has more scientific research supporting the effectiveness of group interventions than in behavioral health treatment. Group intervention can greatly increase access and effective to evidence based psychological treatment while decreasing costs per episode of care. Therefore, we recommend that the Commonwealth encourage MassHealth, MassHealth's behavioral health vendors, and commercial health plans to develop policies that support the proliferation of evidence based group treatment.